ARC 7880B

INSURANCE DIVISION[191]

Adopted and Filed

Pursuant to the authority of Iowa Code section 514F.6, the Insurance Division hereby amends Chapter 70, "Utilization Review," Iowa Administrative Code.

The amendment provides for the retrospective payment of clean claims for covered physician services during the credentialing period.

Notice of Intended Action was published in the January 28, 2009, Iowa Administrative Bulletin as **ARC 7525B**. Revisions to the Notice of Intended Action include clarifying the definition of "application date" to reflect submission of a completed application and adding the phrase "or other entity responsible for credentialing physicians on behalf of the health insurer" to the definition and elsewhere throughout the rule for consistency. The proposed amendment was also modified to clarify that standards for timely submission of claims shall not prevent the payment of covered services after a physician is credentialed. The Division did not accept the request to make the new rule retroactive to July 1, 2008, the effective date of the enabling legislation, for lack of agreement among interested parties.

This amendment will become effective July 22, 2009.

This amendment is intended to implement Iowa Code section 514F.6.

The following amendment is adopted.

Adopt the following **new** rule 191—70.10(514F):

191—70.10(514F) Credentialing—retrospective payment.

70.10(1) *Purpose.* This rule implements Iowa Code section 514F.6 [2008 Iowa Acts, House File 2555, section 28] which requires the commissioner to adopt rules to provide for the retrospective payment of clean claims for covered services provided by a physician during the credentialing period, once the physician is credentialed.

70.10(2) *Definitions.* For purposes of this rule, the definitions found in Iowa Code section 514F.6 [2008 Iowa Acts, House File 2555, section 28] shall apply. In addition, the following definitions shall apply:

"Application date" means the date on which the health insurer or other entity responsible for the credentialing of physicians on behalf of the health insurer receives the physician's completed application for credentialing.

"Clean claim" means clean claim as defined in Iowa Code section 507B.4A(2)*"b."*

"Health insurer" means the same as a carrier, as defined in Iowa Code section 513B.2(4), that provides health insurance coverage, as defined in Iowa Code section 513B.2(12).

70.10(3) *Retrospective payment of clean claims.* A health insurer shall make retrospective payment for all clean claims submitted by a physician after the credentialing period for covered services provided by the physician during the credentialing period subject to all of the following:

a. The credentialing period shall begin on the application date and end on the date the health insurer or other entity responsible for credentialing physicians on behalf of the health insurer makes a final determination approving the physician's application to be credentialed.

b. The health insurer or other entity responsible for credentialing physicians on behalf of the health insurer shall notify an applicant of its determination regarding a properly completed application for credentialing within 90 days of receipt of an application containing all information required by the health insurer's credentialing form.

c. The physician shall not submit any claims to the health insurer during the credentialing period.

d. A health insurer shall not be required to pay any claims submitted by a physician during the credentialing period.

e. The health insurer's time period for timely submission of claims shall not start until the credentialing period has ended. The health insurer's rules pertaining to timely submission shall not be used to deny payment of any clean claims for medical services provided by a physician during the

credentialing period, so long as the physician submits all such claims within the time period required by the health insurer's rules beginning on the date the physician is credentialed.

f. After the physician has been credentialed, the physician shall submit all claims to the health insurer for covered services provided by the physician during the credentialing period.

g. After the physician has been credentialed, a health insurer shall pay all clean claims submitted by the physician for covered services provided by the physician during the credentialing period within the time periods specified in 191—15.32(507B).

70.10(4) *Applicability.*

a. This rule shall not apply to services provided by a physician that are covered by Medicaid, Medicare, TRICARE, or other health care benefit programs subject to federal regulations regarding eligibility and provider payments.

b. Nothing contained in this rule shall require a health insurer or other entity responsible for credentialing physicians on behalf of the health insurer to take any action in violation of the requirements of the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC).

c. Nothing contained in this rule shall require a health insurer or other entity responsible for credentialing physicians on behalf of the health insurer to credential a physician or to permit a noncredentialed physician to participate in the health insurer's provider network.

70.10(5) *Effective date.* This rule shall become effective on July 22, 2009.

[Filed 6/1/09, effective 7/22/09]
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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/17/09.